

Montana Department of Public Health and Human Services, Immunization Program

Vaccines for Children

Montana State-Supplied Vaccine

effective January 1, 2008

Vaccines	Ages of Covered Children	All or High-Risk?
Diphtheria, Tetanus, acellular Pertussis (DTaP)	6 weeks through 6 years	All
DTaP – Hepatitis B – IPV ₁ (DTaP-HepB-IPV)	6 weeks through 6 years	All, but only for doses 1 - 3
Hepatitis A (HAV)	1 year through 18 years	All
Hepatitis B (HBV)	Birth through 18 years	All
Haemophilus influenzae type b ₂ (Hib)	6 weeks through 59 months, certain 5 - 18 year olds	All, High-Risk
Human papillomavirus (HPV)	9 years through 18 years	Females only
Influenza ₃ 2008-2009 Season – LAIV (live attenuated influenza vaccine)	2 years through 18 years	All
Influenza ₃ 2008-2009 Season – TIV (trivalent inactivated influenza vaccine)	6 months through 18 years	All
Inactivated polio vaccine (IPV)	6 weeks through 18 years	All
Meningococcal conjugate ₄ (MCV4)	11 years through 18 years, certain 2 – 10 year olds	All, High-Risk
Measles, Mumps, Rubella (MMR)	1 year through 18 years	All
Measles, Mumps, Rubella, Varicella (MMRV)	1 year through 12 years	Not currently manufactured
Pneumococcal conjugate (PCV7)	6 weeks through 59 months	All
Pneumococcal polysaccharide ₅ (PPV23)	2 years through 18 years	High-Risk
Rotavirus (PRV)	6 weeks through 32 weeks	All
Tetanus, diphtheria ₆ (Td)	7 years through 18 years	All
Tetanus, diphtheria, acellular pertussis (Tdap)	10 years through 18 years	All
Varicella (VAR) [chickenpox]	1 year through 18 years	All

Footnotes:

1. The combined DTaP-HepB-IPV vaccine may be used when any component of the combination is indicated, and if the other components are not contraindicated. The combined DTaP-HepB-IPV vaccine is approved for the primary series only (Doses 1-3). For adequate immune response, the last dose of hepatitis B vaccine should be given at ≥ 24 weeks of age and therefore this combination vaccine should not be administered as a complete primary series on an accelerated schedule at 4 week intervals for prevention of pertussis. Minimum interval between doses: 4 weeks between dose 1 and dose 2; 8 weeks between dose 2 and dose 3; and 16 weeks between dose 1 and dose 3.
2. One pediatric dose of Hib vaccine is available for unimmunized (never vaccinated in childhood) high-risk children 5 - 18 year olds. This includes those with functional or anatomical asplenia (e.g., sickle cell disease, postsplenectomy); immunodeficiency (in particular, persons with IgG2 subclass deficiency); immunosuppression from cancer chemotherapy, infection with HIV, and receipt of a hematopoietic stem cell transplant (HSCT).
3. Influenza vaccine may be used according to each influenza season coverage guidelines for 6 months through 18 years only.
4. Meningococcal conjugate (MCV4) vaccine is available for VFC-eligible adolescents 11 years through 18 years of age. Use of MCV4 is preferred among adolescents. MCV4 may also be used for high-risk children 2 – 18 year olds. This includes children and adolescents with terminal complement component deficiencies and those with anatomic or functional asplenia; children and adolescents who are infected with HIV; or children and adolescents traveling to countries in which invasive disease caused by *N. Meningitidis* is hyperendemic or epidemic, particularly if contact with the local population is prolonged.

Revaccination against meningococcal disease may be indicated for persons previously vaccinated with MPSV4 vaccine who remain at high-risk (listed above). Although the need for revaccination in adults and older children has not been determined, antibody levels decline rapidly over 2-3 years after the polysaccharide vaccine is given, and if indications still exist for vaccination, revaccination may be considered within 3-5 years. The Advisory Committee on Immunization practices expects that MCV4 will provide longer protection than MPSV4; however, studies will be needed to confirm this. It is anticipated that more data will become available within the next 5 years to guide recommendations on revaccination for persons who were previously vaccinated with MCV4.

5. Pneumococcal polysaccharide (PPV23) vaccine is available for high-risk children and adolescents aged 2-18 years with sickle cell disease or anatomic or functional asplenia; immunocompromised including congenital immunodeficiencies: B- (humoral) or T-lymphocyte deficiency; complement deficiencies, particularly c1, c2, c3, and c4 deficiency; and phagocytic disorders, excluding chronic granulomatous disease; renal failure and nephrotic syndrome; diseases associated with immunosuppressive therapy or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; or solid organ transplantation; children and adolescents aged 2-18 years who are infected with human immunodeficiency virus; children and adolescents aged 2-18 years with chronic illness including chronic cardiac disease, particularly cyanotic congenital heart disease and cardiac failure; chronic pulmonary disease, excluding asthma unless on high dose corticosteroid therapy; cerebrospinal fluid leaks; or diabetes mellitus.
6. Td vaccine will be supplied on a limited basis since Tdap is the preferred vaccine for the adolescent booster.